

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034175

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

2758669

SL# 30257

Registrar's No.

9041

STATE FILE NUMBER

FILED SEP 12 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b  
10 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE ILLINOIS. COUNTY Franklin

c. CITY OR TOWN SESSER

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
BOX 146

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

HAROLD

A.

TODD

4. DATE OF DEATH  
Month Day Year  
SEPTEMBER 7, 1963

5. SEX  
MALE

6. COLOR OR RACE  
WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
12/15/89

9. AGE (last birthday)  
73

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
SIGN PAINTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
MINN.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

ADELBERT TODD

13b. MOTHER'S MAIDEN NAME

CLATTELLA SHOCKLEY

14. NAME OF HUSBAND OR WIFE

WILMA TODD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

WILMA TODD SEE 2D

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF LUNG

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

METASTASTIC CARCINOMA TO BRAIN ADDRENALS ETC.

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/29/63 to 9/7/63 and last saw him alive on 9/7/63  
Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE  
PHILIP C. LEHMAN MD

22b. ADDRESS  
VAH, ST. LOUIS, MO.

22c. DATE SIGNED  
9/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE  
9-10-63

23c. NAME OF CEMETERY OR CREMATORY  
Maple Hill Cemetery

23d. LOCATION (City, town, or county) (State)  
Sesser, Illinois

24. FUNERAL DIRECTOR  
Brayfield Funeral Home Sesser, Illinois

25. DATE BY LOCAL REG.  
SEP 9 1963

26. REGISTRAR'S SIGNATURE  
Carol Smith M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James J. Curran

Licensed Embalmer No. 5168

P. O. Address Millstadt, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.